

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016442

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 107

STATE FILE NUMBER

VS 300
Rev. 4/59

10928

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9491X

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12 86-0

13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED APR 18 1962

a. COUNTY

St. Charles

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Charles

Length of stay in 1b

11 mos.

c. FULL NAME OF (If NOT in hospital, give location)

Evangelical Emmaus Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

St. Louis

d. STREET ADDRESS

(If outside, give location)

4122 Rosa Avenue

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

ANNA

Middle

MARGARET

Last

GREGOR

4. DATE OF DEATH

Month

Day

Year

April 10, 1962

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/13/1891

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

shoe worker

10b. KIND OF BUSINESS OR INDUSTRY

shoe factory

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Julius Gregor

13b. MOTHER'S MAIDEN NAME

Margaret Riffel

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. Frank Gregor, 4122 Rosa Ave., St. Louis 16

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

generalized arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Jan 1-62

to 4-10-62

and last saw her alive on 4-10-62

Death occurred at

7:55 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

4/13/62

23c. NAME OF CEMETERY OR CREMATORY

New Picker Cemetery

23d. LOCATION (City, town, or county)

St. Louis Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.

25. DATE REC'D. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

APR 19 1962

Dr. George E. Kister,
302 So. 2nd St.,
St. Charles, Mo.
Randolph 4-6336

9-11 }
1-4 } *Shure.*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

[Handwritten Signature]

Licensed Embalmer No.

11520

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.